U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only Read THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.
1. File Number U - 1977	2. Fiscal Year Covered From:
	7 / 7 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name HENRY F. FOLEY	Name IRON WORKERS LOCAL #3
	Labor Organization File Number 013-253
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 7 5, JEFFERSON AVE, #1	Street 2201 LIBERTY AVE.
City CANONS BURG	City PITTSBURGH
State <i>PA</i> ZIP Code + 4 153/7	State PA ZIP Code + 4 15222
5. Position in labor organization. BUSINESS AGENT	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	7.b. Amount.
Sueet	
City	The state of the s
State ZIP Code + 4	
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
signed Henry F Foly	On 8-9-05 724-746-2559 Date Telephone Number

Name of Person Filling HENRY F. FOLEY	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Highwark Blue Cross Blue Shiet Trade Name, if any: P.O. Box, Bldg., Room No., if any Street FIFTH AVENIUE PLACE 120 5th AVE. City PITSBURGH State PA ZIP Code + 4 15222	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name RUM NORKERS OF M. PA BENEFIT PLAMS Trade Name, if any: RODM 203	8/31/04 GOLF OUTNEY	
Street 2201 LIBERTY AVENUE	11.b. Approximate dollar value of such dealing. 172.84	
City PITTSBURGH	12.a. Nature of interest held or income received.	
State PA ZIP Code + 4 15222	12.b. Amount.	
	I.C.D. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13 h le the Business on Employee	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant?		



August 12, 2005

US Department of Labor Employment Standards Administration Office of Labor Management Standards 200 Constitution Avenue, N.W. Room N-5616 Washington, D.C. 20210

To Whom It May Concern:

I have already filed my form LM-30 for the calendar year 2004. However, I recently came upon new information concerning reportable events on my behalf for that time period.

Therefore, enclosed please find an addition to my original LM-30 that was previously sent to your office.

Sincerely,

Yenry Foly Henry Foley